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Dr. Robin Weiss
Director

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E N G L A N D

Dear Robin,

Following our recent meeting in New York, I have given permission to the CSH editing staff to use the oldest pictures of LAV for the Chapter you have written on Human Lymphotropic retroviruses. However, in the accompanying paragraph, it is written that you will be using the name HLTV3 for the AIDS virus "on the assumption that the close relationship with HTLV1 and 2 is confirmed". This relationship, based on a serie of Gallo's papers published in 1984 in Science, has not been confirmed by three others laboratories (Pasteur, CDC and UCSF) nor the antigenic cross-reactivity between core or envelope proteins, nor the molecular hybridization.

Our results, which I told you on the phone, before our publications on the T4 receptor, are now confirmed by recently published sequence data (LAV, HTLV-III, ARV). These show beyond any doubt that the AIDS virus is not derived from or related to HTLV-I and -II, and that LAV and HTLV-III differ by less than 1% in sequences and have genome with unique structures.

The HTLV-III sequence of Genentech as well as the ARV sequence from Chiron also indicate that our interpretation of two new orfs is correct and comparison with sequence of ARV suggests some important genetic variation in the env region. Therefore, there is no scientific basis for the NCI group having renamed HTLV-III the virus we were the first to discover and characterize adequately.

Your proposal in Tokyo (and in your Nature paper, 312, 763, 1984) that the initials HTLV would stand for Human T lymphotropic virus is not helpful, since again it will induce confusion with HTLV-I and -II and give the feeling that AIDS virus is a member of the HTLV "family". Usually, numbers refer to strains or serotypes of a group of virus, i.e., Herpes virus type 1 and 2, Adenovirus 1, 2, 3, etc ...

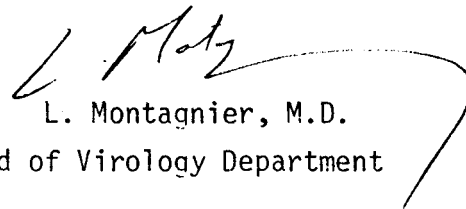
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Since most retroviruses are named by the main pathogenicity they induce, I propose to call the AIDS virus accordingly. There is strong evidence that the virus causes most frequently lymphadenopathy and less frequently AIDS. Therefore, I propose to keep the name of LAV, but standing for lymphadenopathy/AIDS virus which will describe adequately the pathological effects of the virus, without frightening people infected with the virus, as the virus will be considered to cause most often a benign disease

I sincerely hope you will agree with this proposal and possibly correct your chapter before its publication. It would be a pity if this book, which is considered as the "Bible" for retrovirologists would be out of date, with regard to this most exciting chapter.

Sincerely yours,



L. Montagnier, M.D.
Head of Virology Department

cc. : Dr. Teich
Dr. Coffin
Dr. Varmus